

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** K&G COUNTRY LIVING HOME (0010202)

**Address:** W9498 KINGTON ROAD, THORP, WI 54771

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/20/2003

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0096574      **End Date:** 03/16/2006      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0096044      **End Date:** 11/28/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0095239      **End Date:** 05/31/2005      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10010015    Served 06/18/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	11/28/2005	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/28/2005	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	11/28/2005	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/28/2005	Yes
88.10(3)(e)	SELF-DIRECTION	11/28/2005	Yes
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS	11/28/2005	Yes

**Disclaimer:** This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
Printed 08/18/2006

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**STATE OF WISCONSIN**  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID:** 0091299      **End Date:** 10/20/2003      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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<b>Complaint History</b>
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**Date Complaint Received: 05/02/2005**

**Date Investigation Completed: 05/31/2005**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10010015
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10010015

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